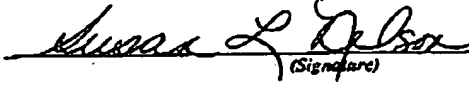
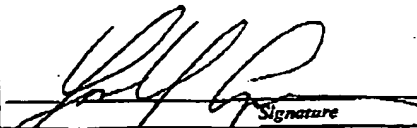


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. POU920020057US2
Applicant(s): Michael F. McAllister et al.			
Application No. 10/775,992 922	Filing Date 2/10/2004	Examiner Larisa Z. Tsukerman	Group Art Unit 2833
Invention: Land Grid Array Structures for Engineering Change			
<p>I hereby certify that this <u>Amendment</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>July 26, 2005</u> <small>(Date)</small></p> <p style="text-align: right;"> <u>Susan L. Nelson</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small> </p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. POU920020057US2	
Applicant(s): Michael F. McAllister et al.					
Application No. 10/775,992 922	Filing Date 2/10/2004	Examiner Larisa Z. Tsukerman	Customer No. 33558	Group Art Unit 2833	Confirmation No. 1394
Invention: Land Grid Array Structures for Engineering Change (changed)					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4	20	0	x \$50.00	\$0.00
INDEP. CLAIMS	1	3	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0463 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature Lynn L. Augspurger, Reg. 24,227 IBM Corporation Intellectual Property Law 2455 South Road, P386 Poughkeepsie, NY 12601 845-433-1174 Fax: 845-432-9786			Dated: July 26, 2005		
cc:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		

JUL 26 '05 11:44 FR

8454329786 TO PTO-AMENDMENTS P.03

IBM-POU920020057US1 Examiner
D.D.Nguyen, 10/775922

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IN THE U.S. PATENT & TRADEMARK OFFICE

By Facsimile to to (571) 273-8300

First Named Inventor: Michael F. McAllister : GROUP ART UNIT 2833

Pat Appl: Serial No. 10/775922:

Examiner: Larisa Z. Tsukerman

Filed: 2/10/04 :

July 26, 2005

(Title: Land grid array structures for engineering change : (Title Change)

Attorney Docket POU920020057US1 :

Deposit Account: 09-0463 :

Lynn L. Augspurger, Attorney, Reg No. 24,227 :

Mailing Address:

IBM Intellectual Property Law

2455 South Road, P386 Poughkeepsie, NY 12601

RESPONSE TO OFFICE ACTION OF 05/04/2005

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

MAIL STOP: NON-Fee Amendments

Sir:

A. Introductory Comments:

Please enter this amendment of this divisional application noted above. The Commissioner is also hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 09-0463. None are expected, even though authorized if needed.)

CERTIFICATE FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8(a)

I hereby certify that this correspondence is being facsimile transmitted to Examiner Larisa Tsukerman, Group 2833, at 571-273-8300 on July 26, 2005.

Susan L. Nelson

Date of Signature

-1-